DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICESDIVISION OF PUBLIC WELFARE BUREAU OF MANAGEMENT SUPPORT 735-7344

123 Chalan Kareta Mangilao, GUAM 96913

WITHDRAWAL OF REQUEST FOR A FAIR HEARING

HOH (HEAD OF HOUSEHOLD) NAME	
MEMBER NAME WITH ADVERSE ACTION	
CASE NUMBER	
DATE OF ORIGINAL REQUEST	
I, HEREBY WITHDRAW MY REQUEST FOR A FAIR HEARING DUE TO THE FOLLOWING REASON(S):	
	CLIENT: PRINT/SIGN/DATE
	RECEIVED BY: PRINT/SIGN/DATE
CC: CLIENT: CASE FILE:	